

Return form to: Office of the Court Administrator Macomb County Judicial Aide 40 north Main, 5th Floor Mount Clemens, MI 48043 Questions call: (586) 469-5156 Fax: (586) 469-5430	MACOMB COUNTY INTERPRETER BILLING STATEMENT AND VERIFICATION	Circuit Court Case Number: _____ Date of Service: _____
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Interpreter Name: _____ Phone #: _____

Agency Name: _____ Vendor #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Language: _____

Case Name: _____ Judge: _____

Service was rendered at: ☐ Circuit Court ☐ Probation ☐ Other _____

☐ Probate Court ☐ Juvenile ☐ Jail/Prison

Hours of Interpretation (2 hour minimum)

From _____ a.m./p.m. To _____ a.m./p.m. = _____

From _____ a.m./p.m. To _____ a.m./p.m. = _____

Total time: _____ hours

NOTICE TO INTERPRETER: Before you submit this statement to Judicial Aide for payment, your hours must be verified by one of the judge's staff. Please take this to the judicial court clerk of the above-named judge for verification.

SUBMIT A SEPARATE FORM FOR EACH DAY OF SERVICE.

 Signature of Judicial Court Clerk

 Date

I have not received compensation from any source for providing this service. I have no expectation of receiving, nor will I accept, any other compensation.

 Signature of Interpreter

 Date

Circuit Court Use Only

Date received: _____

Application on file: ☐ yes ☐ no